(512)463-5800

P.O. Box 12070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			7392 Cover She		M C/OH LEET PG 1	
The C/OH Instruction Gui	DE explains how to complete	this form.	1 ACCOUNT	「# mission filers)	2 PAGE#	
			1231200	•	1 of 34	
3 CANDIDATE / OFFICEHOLDER	1	FIRST ON		MI	OFFICE U	ISE ONLY
NAME	NICKNAME	LAST AVIS	TR	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / Su P.O. Box 16665 Austin, TX 78761	HTE#; C	ENCORNI CONV CONV CONV CONV CONV CONV CONV CONV	JIL	Date Hand-delivered	or Date Postmarked
Change of Address			EBEAUVO	R REC		
7 04404	MS/MRS/MR	FIRST	<u> </u>		Receipt #	Amount
5 CAMPAIGN TREASURER		ouis	^3		Date Processed	
NAME		LAST mms		SÚFĖIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	7501 Barcelona Drive Austin, TX 78752	EASE); APT/SUN	ΓE#; Cιπ	Y; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE PH	NUMBER	EX	TENSION		
8 REPORT TYPE		Oth day before elect	ion R	unoff	15th day after of appointment (or	ampaign treasurer ficeholder only)
	X July 15 8	Ith day before election	on [] E	xceeded \$500 limit	Final report (Att	ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 01/01/2010	THRO	JGH	Month Day 06/30/201	Year	
40 ELECTION	ELECTION DATE	T =	-	00/30/201		
10 ELECTION	Month Day Year 10/06/2012	ELECTION TYPE Primary	14	unoff X	General	Special
11 OFFICE	OFFICE HELD (If any) Travis CO Commissioner	Pct 1	12 OF Tra	FICE SOUGHT (II known) avis CO Commissi	oner Pct 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditure Candidates are required to disclo					
BY OTHER INDIVIDUALS	Name .					
	Address/PO Box; Apt. / Suite #;	City; State; Z	lp Code			
additional pages						
		GO TO F	PAGE 2			

CANDIDATE SUPPORT &		OLDER REPORT:		1-800-325-850 FORM C/OH R SHEET PG 2
14 C/OH NAME DAVI	S, RON		15 ACCOUNT # 12312005	(Ethics Commission filers)
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca rout the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	***	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,912.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	11,226.49
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	51,610.65
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	0.00
AFFIX NOTARY S	FELICITAS B. CHAVE MY COMMISSION EXPIR December 6, 2010 STAMP / SEAL ABOV	Signature of Ca	alt information requi	ired to be reported by
Sworn to and subscrib		ne said <u>Kor Oa Mo</u> tify which, witness my hand and seal of office.	, this the	14Th_day

Print name of officer administering oath

Signature of officer administering oath

Electronic Filing Version 3.4.0

Title of officer administering oath

(512)463-5800

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/17 Report: 3/34 2 FILER NAME DAVIS, RON (Ethics Commission filers) 3 ACCOUNT# 12312005 Date Amount of In-kind contribution contribution (\$) description (if applicable) AFSCM Employees-AFL-CIO 05/26/2010 6 Contributor address; City; State; Zip Code \$500.00 1625 L Street N.W. Washington, DC 20036 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date In-kind contribution Amount of description (if applicable) contribution (\$) Appling, Daniel & Georgine 05/18/2010 Contributor address; City; State; Zip Code \$50.00 509 Newhall Cove Austin, TX 78746-4123 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of in-kind contribution contribution (\$) description (if applicable) Armbrust & Brown, L.L.P. 05/26/2010 Contributor address; City; State; Zip Code \$1,000.00 100 Congree Ave., Suite 1300 Austin, TX 78701-2744 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ in-kind contribution Amount of contribution (\$) description (if applicable) Austin Board of Realtors, PAC 05/26/2010 Contributor address: City; State; Zip Code \$500.00 4106 Medical Parkway Austin, TX 78756-3700 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Amount of In-kind contribution description (if applicable) contribution (\$) Baum, Gerald Contributor address; 05/26/2010 City: State: Zip Code \$25.00 8608 Tallwood Dr. Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A

L					
	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/1	17 Report: 4/34
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Beal), Jonathan M.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 2001 Justin Lane Austin, TX 78757-2412		\$150.00	† -
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 6200 Gilbert Rd Austin, TX 78724		\$50.00	} } !
1		<u> </u>		Of town township of	T
}—	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		and the contraction of	millproyou (acc	Structional	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
}	05/26/2010	Contributor address; City; State; Zip Code 1013 Weeping Willow Dr. Austin, TX 78753		\$125.00	[
L				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757		\$25.00	
: }		l	ł	'	· · · · · · · · · · · · · · · · · · ·
	Principal occur	eation / Job title (See Instructions)	Employer (See Ins	1	Texas, complete Schedule T)
	- Timopar occup	anon , soo mie (ose manuciona)	Employer (See Inc	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
I	05/26/2010	Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701		\$1,000.00 	!
	į			(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOA	NS		
The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	17 Report: 5/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 4613 Fallenash Drive Austin, TX 78725	• • • • • • • • • • • • • • • • • • • •	\$125.00	} ? !
}	į		(If travel outside of	Texas, complete Schedule 7)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 11318 Jones Rd Manor, TX 78653		\$125.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4400 Shoalwood Ave. Austin, TX 78756-3217		\$40.00	{
	7 Addini, 17 70730-0217			!
D-landa land			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4506 Rosedale Ave.	• • • • • • • • • • • • • • • • • • • •	\$50.00)
	Austin, TX 78756-3028			Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7807 Doncaster Dr. Austin, TX 79745		\$125.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Jeation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , ,

l - -	THAN PLEDGES OR LOA	NS		SCHEDULE A
The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/1	7 Report: 6/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 302 W. Johanna St. Austin, TX 78704		\$22.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3306 Gentry Drive Austin, TX 78746-5507		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u>L ` </u>	
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Collins, James W. & Linda I.		contribution (\$)	description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4500 Steiner Ranch Blvd. No. 3208 Austin, TX 78732		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	action / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3100 Catalina Dr. Austin, TX 78741		\$25.00	
I			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	†)	Amount of	In-kind contribution
	Cumberbatch \$ Associates		contribution (\$)	description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3 Green Lanes	•••••	\$25.00	
+	Austin, TX 78703		'	
Data stars t	ation / Joh title /One Joseph and	Employer (O = 1		Texas, complete Schedule T)
enncipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

SCHEDULE A

(512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	17 Report: 7/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Dawson, Rhett M.	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
06/24/2010	6 Contributor address; City; State; Zip Code 1717 W. 6th St., Ste 260 Austin, TX 78703		\$100.00	{ 1
[(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 315 Grosvenor St. Douglaston, NY 11363-1010		\$25.00	r { 1
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432		\$250.00	
	J 7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		(If travel outside of	Texas, complete Schedule T)
Principal occu	Dation / Job title (See Instructions)	Employer (See In		
				· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor ut-of-state PAC (ID# Dwyer, Peter)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 9900 Hwy 290 East Manor, TX 78653		\$500.00	1
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7311 Gunnison Pass Austin, TX 78724		\$25.00	
· 			(If traval autable of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	L'L.	Texas, comprese Schedule I)

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	R THAN PLEDGES OR LOAI	NS		
The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	17 Report: 8/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1036 Forest Bluff Tr. Round Rock, TX 78664		\$50.00	} { 1
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Elliott Naishtat Campaighn	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 6401 Wilbur Dr. Austin, TX 78757		\$50.00	} } {
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date .	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1600 W. 38 Street Ste. 300 Austin, TX 78731		\$50.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 414 Rigewood Rd West Lake Hills, TX 78746		\$100.00 	
			(if travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	tructions)	· ·

SCHEDULE A

	OTHER	THAN PLEDGES OR LOA			
	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	17 Report: 9/34
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 11117 Currin Ln. Austin, TX 78747		\$100.00	{ 1 }
				(If travel outside of	Texas, complete Schedule 1)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 1404 Redbud Trl. Austin, TX 78746		\$100.00	
		Trustin, Try of to		(If travel outside of	l Yexas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 605 W. 10th St. Austin, TX 78701-2042	•••••	\$125.00	
	ĺ			(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
_	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746		\$1,000.00	İ
		Addition of the second of the		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Guerra, Norma A.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 6636 W. William Cannon Dr. Austin, TX 78735		\$25.00 	
	ļ		•	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

P.O.Box 12070

SCHEDULE A

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	The Instruction	อพ Guipe explains how to complete this form.		1 PAGE # Schedule: 8/	17 Report: 10/34
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Halff Associates State PAC	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 1201 North Bower Rd. Richardson, TX 75081	•••••	\$250.00	
	_			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 3702 Eastledge Dr. Austin, TX 78731-5851		\$50.00	} } }
1	1			(If trave) outside of	Texas, complete Schedule 1)
 	Principal occup	eation / Job title (See Instructions)	Employer (See In	L	Texas, complete actionals ()
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 8831 stable Lane Houston, TX 77024-5674		\$1,000.00	
				<u></u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 1303 West Avenue Austin, TX 78701		\$100.00	} { •
					,
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
			F, (- ,	
	Date	Full name of contributor Substitution Out-of-state PAC (ID# HNTB Holding LTD, PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 715 Kirk Drive Kansas City, MO 64105		\$500.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
					1

COMEDIALE V

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE#	(47 Banad) 44/04
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Howard, Robert M.	*)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2315 Westforest Dr. Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$25.00	{ { }
- Di		[<u></u>	Texas, complete Schedule T)
i g Principal occi i	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/2010	Contributor address; City; State; Zip Code 23020 Pedernales Canyon Tri Spicewood, TX 78669		\$500.00	1 1
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2000 Woodward St. Apt 421 Austin, TX 78741		\$25.00	1 ! [
<u> </u>			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3902 Idlewild Rd Austin, TX 78731		\$25.00	{ { }
			l -	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2000 Delvin Ln Austin, TX 78728		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

P.O.Box 12070

SCHEDULE A

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 10	/17 Report: 12/34	
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/26/2010	6 Contributor address; City; State; Zip Code 1034 Liberty Park Dr. Austin, TX 78746-6876		\$25.00	! !	
1				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2010	Contributor address; City; State; Zip Code 6600 Mesa Dr. Austin, TX 78731		\$125.00	 	
ļ 				L	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/26/2010	Contributor address; City; State; Zip Code 4111 Lakeplace Lane Austin TX, TX 78763		\$125.00	! !	
					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	05/26/2010	Contributor address; City; State; Zip Code 1311-A East 6th Street Austin, TX 78702-3301		\$500.00	l 	
	j			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor ut-of-state PAC (ID# Love, Kenneth L. & Patricia)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/26/2010	Contributor address; City; State; Zip Code 122 Edison Dr. Hutto, TX, TX 78634		\$25.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupi	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>		

Texas Ethics Commission

SCHEDULE A

	- THAT ELDALO ON LOAD			···
The INSTRUC	TION GUIDE explains how to complete this form.	, .	1 PAGE# Schedule: 11	/17 Report: 13/34
2 FILER NAMI	E DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Lowerre, Richard	#)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703	,,.,.	\$50.00	! } !
			(if travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: McCain, Richard	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	7100 Grove Crest Dr.		\$50.00	{ -
	Austin, TX 78736		(If travel outside of	 Texas, complete Schedule T) 🔲
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (IDI Means, Bertha	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7400 Valburn Dr. Austin, TX 78731	,	\$125.00	! [}
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full page of contributor . There of data BAC (IDA	<u> </u>	l A	In-kind contribution
Date	Full name of contributor		Amount of contribution (\$)	description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1101 S Capital of TX HWY, Bldg. D110 Austin, TX 78746		\$125.00)
			(life tennel outpide of	Texas, complete Schedule 7)
Principal occi	upation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, compress screening ;
<u>-</u> -			·	
Date	Full name of contributor ut-of-state PAC (ID# Nellis, Leroy W.	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3418 Zadock Woods Dr. Austin, TX 78749		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

Austin, Texas 78711-2070

Texas Ethics Commission

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	OTHER	THAN PLEDGES OR LOAI	NS 		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	1/17 Report: 14/34
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (IDI Olivier. Jr., Edmond	<u>.</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2010	6 Contributor address; City; State; Zip Code 918 Shannon Meadow Trall Austin, TX 78613-5001		\$50.00	r
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 12132 Parson Rd Manor, TX 78653		\$100.00	
		Mailoi, 12 70000		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 7931 Jenkin Rd. Cheltenham, PA 19012		\$1,000.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Porter, J.D.		Amount of contribution (\$)	In-kind contribution description (if applicable)
 	05/26/2010	Contributor address; City; State; Zip Code 2717 E. 22nd Street Austin, TX 78722-1701		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor ut-of-state PAC (ID# Price, Velua L.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 1601 Ridgemont Dr. Austin, TX 78723		\$20.00	
	l l			(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

Texas Ethics Commission

(512)463-5800

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 13/17 Report: 15/34 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME DAVIS, RON 12312005 4 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Reed, Jerry 05/18/2010 6 Contributor address: City; State; Zip Code \$250.00 510 West 15th Street Austin, TX 78763-5674 (if travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Rockwell, Bradley L. 05/26/2010 Contributor address; City; State; Zip Code \$50.00 601 S. Third St. Austin, TX 78704 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution description (if applicable) contribution (\$) Rucker, Virgil 05/26/2010 Contributor address; City; State; Zip Code \$25.00 15435 Quinley Dr. Austin, TX 78728 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ☐ out-of-state PAC (ID# Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Santana, Sonia 05/26/2010 Contributor address; City; State; Zip Code \$25.00 2201 Montoplis Dr. Austin, TX 78741 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ☐ out-of-state PAC (ID# Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Sarah Echardt Campaign Contributor address: 06/30/2010 City; State; Zip Code \$100.00 P.O. Box 301586 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

P.O.Box 12070

SCHEDULE A

011	IIGN	THAN PLEDGES ON LOA	140		
The la	STRUCTIO	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/17 Report: 16/34
2 FILER	NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	e	5 Full name of contributor	#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
05/26/	/2010	6 Contributor address; City; State; Zip Code 901 Mopac Austin, TX 78746		\$25.00	l
				(If travel outside of	Texas, complete Schedule T)
9 Princip	al occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	3	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/	/2010	Contributor address; City; State; Zip Code 604 West 11th Street	••••••	\$50.00	! !
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principa	al occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
Date	,	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/	2010	Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704	•••••	\$10.00	} ! !
				(If travel outside of	Texas, complete Schedule T)
Principa	al occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	•	Full name of contributor ut-of-state PAC (IDe Smith, C Craig	<u> </u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2	2010	Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704		\$50.00	
		·		(if travel outside of	Texas, complete Schedule T)
Principa	al occupi	ation / Job title (See Instructions)	Employer (See In	structions)	
Date		Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2	2010	Contributor address; City; State; Zip Code 303 Ranger Drive Austin, TX 78763-5674		\$50.00	[
			,	(If travel outside of	Texas, complete Schedule T)
Principa	al occupa	ation / Job title (See Instructions)	Employer (See In	L.:	

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/17 Report: 17/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2615 Pecos Austin, TX 78703		\$50.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/05/2010	Contributor address; City; State; Zip Code PO Box 8077 London, KY 40742		\$50.00]
			(If travel outside of	Texas, complete Schedule 7)
Principal occur	eation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)
		Employor (God III	orraduono,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7607 Blessing Ave Austin, TX 78752		\$20.00	l
				Texas, complete Schedule 1)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4716 St. John's Dr. Dallas, TX 75205		\$2,500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inc	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1600 Morning Quail Dr. Austin, TX 78758		\$30.00 ¦	
}			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
,		. ,	,	

SCHEDULE A

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	V17 Report: 18/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Timerlake, Walter & Lucille)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2006 Bouldin Ave. Austin, TX 78704		\$30.00	1 } }
			(if travel outside of	Texas, complete Schedule T)
9 Principal occu	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701		\$1,000.00	r [
			<u></u>	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 5305 Summer Dr. Austin, TX 78741-3218		\$25.00	1 ! !
			<u>i'</u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/04/2010	Contributor address; City; State; Zip Code 2300 Frist City Tower Houston, TX 77002-6760		\$1,000.00	1 1 1
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 11500 Oak TRL Austin, TX 78753		\$50.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	}			

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The bistructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	/17 Report: 19/34
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/09/2010	6 Contributor address; City; State; Zip Code 5800 Highland Hills Terr Austin, TX 78731		\$15.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1223A Rosewood Ave Austin, TX 78702		\$25.00	[
1			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

Austin, Texas 78711-2070

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense

Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bani Consulting Expe Event Expense Fees	nse Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense isupe explains how to complete this	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/15 I	- DALES DOM		12312005
4 Date	5 Payee name		12012000
03/30/2010	African American Men & Boys Harve	est Foundtion	
6 Amount (\$)	7 Payee address City; State;	Zip Code	
\$250.00	6633 Highway 290 East Suite 307 Austin, TX 78723		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Con	Donation for	(If travel outside of Texas, complete Schedule T) or community outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office si	ought: Office held:
Date	Payee name		
05/14/2010	Alan Pogue		
Amount (\$)	Payee address City; State;	Zip Code	
\$25.00	2105 East MLK Blvd Austin, TX 78702		
	Category (See Categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract la	bor photo
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ought: Office held:
Date	Payee name		
06/10/2010	ATX Junteenth Music		
Amount (\$)	Payee address City; State;	Zip Code	
\$200.00	4815 West Breaker Lane Bldg 502 # Austin, TX 78759	358	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Com	For Comm	(If travel outside of Texas, complete Schedule T) unity Support of Junteenth
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ought: Office held:
Date	Payee name		
05/06/2010	Austin Community Foundation - Real	l estate Council	
Amount (\$)	Payee address City; State;	Zip Code	
\$100.00	98 San Jaccinto Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Advertising Expense		(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office so	ought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

Salarlea/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out Of D	listrict Candida d/Rental Expense OTHER (e	nterOfficeholder/Political Committee nter a category not listed above)
1 PAGE #	2 FILER NAME	•	3 ACCOUNT # (TEC filers)
Schedule: 2/15 I	T DAVID DOM		12312005
4 Date	5 Payee name		
02/16/2010	Capital City African American Chamber of Commer	ce	
6 Amount (\$)	7 Payee address City; State; Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$100.00	5407 N. IH 35, Suite 304 Austin, TX 78723		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel out	side of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation for communit	y outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/20/2010	Central Area Progressive Democrats		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	P.O. Box 2456 Austin, TX 78768		
PURPOSE	Category (See Categories listed at the top of this schedule)	•	side of Texas, complete Schedule T)
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation political fund-	raiser
EXPENDITURE		 	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/11/2010	Chavez, Feli		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	11820 Navasota Manor, TX 78653		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract labor	_
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/25/2010	Chavez, Feli		
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$25.00	11820 Navasota		
Ψ.σ.σσ	Manor, TX 78653		
Dunne-	Category (See Categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor	_
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Carriagio / Cinogrado Hallo	Onice adugnit.	Onice Held.

1-800-325-8506 Austin, Texas 78711-2070 (512)463-5800 Texas Ethics Commission P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salarles/Wages/Contract Labor Soticitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel in District Travel Out Of District Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME DAVIS, RON 12312005 Schedule: 3/15 Report: 22/34 4 Date 5 Payee name 05/14/2010 Chavez, Feli Payee address B Amount (\$) State: Zip Code City: 11820 Navasota \$225.00 Manor, TX 78653 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Contract labor **OF EXPENDITURE** 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Chavez, Feli 06/24/2010 Amount (\$) Pavee address Citv: State: Zip Code 11820 Navasota \$150.00 Manor, TX 78653 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Contract Labor **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Cinco De Mayo Committee 04/20/2010 Payee address City; State; Amount (\$) Zip Code 314 West 11th Street, Suite 525 \$25.00 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation for community awearness Cinco De Mayo Contributions/Donations Made By OF EXPENDITURE Candidate/Officeholder/Political Committee Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 03/11/2010 Coamerica Bank Payee address City; State; Zip Code Amount (\$) P.O. Box 75000 \$6.50 Dallas, TX 48275

Category (See Categories listed at the top of this schedule)

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Fees

Candidate / Officeholder name

Description

Checking account fees

Office sought:

(If travel outside of Texas, complete Schedule T)

Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitetion/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	•	r a category not listed above)
1 PAGE# Schedule: 4/15 F	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (TEC filers) 12312005
4 Date 05/13/2010	5 Payee name Coamerica Bank		
6 Amount (\$) \$6.50	7 Payee address City; State; Zip Code P.O. Box 75000 Dallas, TX 48275		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside Checking account fees	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 01/14/2010	Payee name Comerica Bank		
Amount (\$) \$6.50	Payee address City; State; Zip Code P.O. Box 75000 Dallas, TX 48275		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Checking account fees	o of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/28/2010	Comerica Bank		
Amount (\$)	Payee address City; State; Zip Code		
\$30.00	P.O. Box 75000 Dallas, TX 48275		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Copies of bank statement	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
02/11/2010	Comerica Bank		<u>.</u>
Amount (\$)	Payee address City; State; Zip Code		
\$6 .50	P.O. Box 75000 Dallas, TX 48275		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Checkingf account fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense	Gifts/Awart
Accounting/Banking	Legal Servi
Consulting Expense	Food/Beve
Event Expense	Polling Exp

ds/Memorial Expense

EXPENDITURE CATEGORIES Salarles/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Expe Event Expense Fees	nse Food/Beverage Expense Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense Guide explains how to complete this f	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 PAGE#	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (TEC filers)
Schedule: 5/15 F	Report: 24/34 DAVIS, RON		12312005
4 Date	5 Payee name		
03/11/2010	Comerica Bank		
6 Amount (\$)	7 Payee address City; State;	Zip Code	
\$6.50	P.O. Box 75000 Dallas, TX 48275		
8 PURPOSE	(a) Category (See Categories listed at the top of Fees		(If travel outside of Texas, complete Schedule T) CCOUNT fees
OF EXPENDITURE			
2 0	Condidate / Office helder		06.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:
Date	Payee name		
04/13/2010	Comerica Bank		
Amount (\$)	Payee address City; State;	Zip Code	
\$6.50 }	P,O, Box 75000 Detroit, MI 48275		
PURPOSE OF	Category (See Categories listed at the top of Fees	of this schedule) Description Checking a	(If travel outside of Texas, complete Schedule T) CCOUNT fees
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:
Date	Payee name		
05/10/2010	Creech, Donnell		
Amount (\$)	Payee address City; State;	Zip Code	
\$250.00	815-A Brazos #546 Austin, TX 78701		
	Category (See Categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Internet adv	rertisement
EXPENDITURE		{	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:
Date	Payee name		
01/14/2010	Diana Flower Shop		
Amount (\$)	Payee address City; State;	Zip Code	
\$270.55	2614 E. 7th Street		
<i>\$2.0.00</i>	Austin, TX 78702-3958		
	Category (See Categories listed at the top or	f this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Gifts/Awards/Memorials Expense	Flower for fu	uneral
EXPENDITURE			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught: Office held:

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

P.O.Box 12070

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bani Consulting Expe Event Expense	nse Food/Beverage Expense Polling Expense	Solicitation/Fundraising Expense Travel in District Travel Out Of District	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
F ee s	Printing Expense The Instruction Gu	Office Overhead/Rental Expense or explains how to complete this for	OTHER (enter a category not listed above)	
1 PAGE#	2 FILER NAME	or explaine from to designous this is	3 ACCOUNT # (TEC filers)	
Schedule: 6/15	T DAVIC DON		12312005	
4 Date	5 Payee name		1201200	
02/12/2010	Diana Flower Shop			
6 Amount (\$)		Zip Code		
\$223.00				
ψεευ.00	Austin, TX 78702-3958			
8	(a) Category (See Categories listed at the top of the	■ * · · · · · · · · · · · · · · · · · ·	(If travel outside of Texas, complete Schedule T)	
<i>PURPO\$E</i> OF	Gifts/Awards/Memorials Expense	Flowers for	funeral	
EXPENDITURE				
A Complete ONLY #	Condidate / Officeholder name	Office so	ught: Office held:	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office so	ugnt. Onice nero.	
to benefit C/OH				
Date	Payee name			
03/11/2010	Diana Flower Shop			
Amount (\$)	Payee address City; State; z	Zip Code		
\$51.96	2614 E. 7th Street			
	Austin, TX 78702-3958			
PURPOSE	Category (See Categories listed at the top of the Gifts/Awards/Memorials Expense	els schedule) Description Flower for fu	(If travel outside of Texas, complete Schedule T)	
OF	Chia/WaldaWelloridia Expelias	1 700001 101 10	3110121	
EXPENDITURE				
Complete ONLY If	Candidate / Officeholder name	Office so	ught: Office held:	
direct expenditure to benefit C/OH				
Date	Payee name			
04/16/2010	Diana Flower Shop			
Amount (\$)	Payee address City; State; 2	ip Code		
\$108.26	2614 E. 7th Street			
Ψ100.E0	Austin, TX 78702-3958]	
DUDDOOF	Category (See Categories listed at the top of the		(If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Gifts/Awards/Memorials Expense	Flower for fu	uneral	
EXPENDITURE			+	
Complete ONLY if	Candidate / Officeholder name	Office sor	ught: Office held:	
direct expenditure	Carolidate / Chicoholds Hame	Onice sor	agin. Office field.	
to benefit C/OH	14_14_14			
Date	Payee name			
05/06/2010	Diana Flower Shop			
Amount (\$)	Payee address City; State; 2	Cip Code		
\$54.13	2614 E. 7th Street			
:	Austin, TX 78702-3958			
	Catagony (Con Catagodia Catagodia Antonio Catagony)	in anhadista.	(If travel outside of Tayon consider Cabady) 7	
PURPOSE	Category (See Categories listed at the top of the Gifts/Awards/Memorials Expense	is schedule) Description Flower for fu	(If travel outside of Texas, complete Schedule T)	
OF	Gina/waius/weinonals Expense	PROWER SOFT	n lei di	
EXPENDITURE				
Complete ONLY if	Candidata / Office holders and	Office so:		
direct expenditure	Candidate / Officeholder name	Office soc	ight: Office held:	

SCHEDULE F

Advertising Expense Accounting/Banking

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By

Event Expense Fees	Potting Expense Travel Out O	f District Candida ead/Rental Expense OTHER (e	tte/Officeholder/Political Committee nter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 7/15 F	T DAVIS DON		12312005
4 Date	5 Payee name		
05/20/2010	Diana Flower Shop		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$54.13	2614 E. 7th Street Austin, TX 78702-3958		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel out	side of Texas, complete Schedule T) 🔲
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense	Flowers for funeral	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/06/2010	Emma Barritos Scholarship Fund		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	P.O. Box 49051 Austin, TX 78751		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T) 🔲
PURPOSE OF	Contributions/Donations Made By	Donation for scholarsh	ip
EXPENDITURE	Candidate/Officeholder/Political Committee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/10/2010	Grant, Shellda		
Amount (\$)	Payee address City; State; Zip Code		
\$750.00	1611 East 12th Street Austin, TX 78702		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor to create to update website	e website and train office staff
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Рауев пате		
03/30/2010	Judge Eric Shepard Campaign		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	221 W. 6th St. Suite 1000		
	Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (if travel outs Political donation	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

direct expenditure to benefit C/QH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Glita/Awarda/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Travel Out Of District Event Expense Potting Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) DAVIS, RON Schedule: 8/15 Report: 27/34 12312005 4 Date 5 Payee name 05/12/2010 Medearis, Charles 6 Amount (\$) Payee address City; State; Zip Code 1309 Rosewood Ave \$500.00 Austin, TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Event Expense** Music fo fund-raiser OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Mt. Zion Baptist Church 02/18/2010 Payee address Amount (\$) City: State: Zip Code 2938 E. 13th \$50.00 Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made By Donation for community outreach Candidate/Officeholder/Political Committee EXPENDITURE Office sought: Complete ONLY if Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Payee name 03/03/2010 NAtional Women of Achievement Amount (\$) Payee address City; State; Zip Code 4807 Bundy Hill Dr. \$70.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contributions/Donations Made By Donation for community aweamess OF EXPENDITURE Candidate/Officeholder/Political Committee Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Poder 02/02/2010 Payee address City; State; Zip Code Amount (\$) P.O. Box 6237 \$400.00 Austin, TX 78762 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation for community awearness OF EXPENDITURE Candidate / Officeholder name Office sought: Complete ONLY if Office held:

SCHEDULE F

<u> </u>						
		EXPENDITURE CATE	GORIES			
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services ise Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fund Travel in District Travel Out Of Di	draising Expense t istrict I/Rental Expense	OTHER (enter a ca	ulpment & Related ations Made By eholder/Political C	ommittee
1 PAGE#	2 FILER NAME			3	ACCOUNT #	(TEC filers)
Schedule: 9/15 F		1		<u> </u>	12312005	
4 Date	5 Payee name Postmaster					
04/26/2010 6 Amount (\$)		State: Zip Code				
\$132.00	GMF Station Austin, TX 78710-9765	Owney may over	_			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Expe		(b) Description Stamps	(If travel outside of T	exas, complete S	chedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught:	Office held:	
Date 05/20/2010	Payee name Sam Biscoe Special Project					
Amount (\$)	Payee address City;	State; Zip Code				
\$100.00 }	P.O. Box 1748 Austin, TX 78767					
PURPOSE OF EXPENDITURE	Category (See Categories listed at Contributions/Donations Mad Candidate/Officeholder/Politic	te By	Description donation for	(If travel outside of T community awea	•	-
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught:	Office held:	
Date 06/07/2010	Payee name Sam Biscoe Special Project					
Amount (\$)	Payee address City;	State; Zip Code				
\$20.00	P.O. Box 1748 Austin, TX 78767					
PURPOSE OF EXPENDITURE	Category (See Categories listed at Contributions/Donations Mad Candidate/Officeholder/Politic	ie Bv	Description Donation for	(If travel outside of T community awe		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ight:	Office held:	,
Date	Payee name		***************************************			
06/01/2010	Simms, Louis					
Amount (\$)	Payee address City; 7501 Barcelona Drive	State: Zip Code				
\$1,000.00	Austin, TX 78752-2006					
PURPOSE OF EXPENDITURE	Category (See Categories listed at Salaries/Wages/Contract Lab		Description Contract laborated	(If travel outside of T Of	exas, complete Se	T (T eluberk
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ight:	Office held:	*************************************

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category put listed shove)

Fees	Printing Expense Trace Out or Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (en	ter a category not listed above)
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/15			12312005
4 Date	5 Payee name		
01/07/2010	Spears, Sue		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$75.00	7318 Colony Park Austin, TX 78724		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outs	de of Texas, complete Schedule T) 🔲
) PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
01/21/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	7813 Colony Park Dr. Austin, TX 78724		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	de of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/QH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/24/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$125.00	7813 Colony Park Dr. Austin, TX 78724		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T) 🔲
PURPOSE	Salaries/Wages/Contract Labor	Contract labor	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/16/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$300.00	7318 Colony Park Austin, TX 78724		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract labor	
OF EXPENDITURE	· ·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

1-800-325-8506 Austin, Texas 78711-2070 (512)463-5800 **Texas Ethics Commission** P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES**

Advertising Expense	
Accounting/Banking Consulting Expense	
Event Expense	

Gifts/Awards/Memorial Expense Legal Services

Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Traval in District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Department April By

Event Expense Fees	Polling Expense Travel Out Of Di	strict Candida /Rental Expense OTHER (e	ns/Donations made by the organization interpretation in
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/15	Report: 30/34 DAVIS, RON		12312005
4 Date	5 Payee name		
05/17/2010	Spears, Sue	<u> </u>	
8 Amount (\$)	7 Payee address City; State; Zip Code		
\$125.00	7813 Colony Park Dr. Austin, TX 78724		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outs Contract labor	side of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/20/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$200.00	7318 Colony Park Austin, TX 78724		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outs Contract labor	side of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/24/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$200.00	7318 Colony Park Austin, TX 78724		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Labor	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/05/2010	Sprint		
Amount (\$)	Payee address City; State; Zip Code		
\$71.75	P.O. Box 8077 London, KY 40747-8753		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Internet	Description (If travel outs Wireless internet for lag	ide of Texas, complete Schedule 1) top
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

1-800-325-8506 P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 **Texas Ethics Commission POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME DAVIS, RON 12312005 Schedule: 12/15 Report: 31/34 4 Date 5 Payee name **Sprint** 02/08/2010 Amount (\$) Payee address State: Zip Code City; P.O. Box 8077 \$71.97 London, KY 40747-8753 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Internet Wireless internet for laptop OF **EXPENDITURE** Complete ONLY if direct expenditure Office sought: Office held: Candidate / Officeholder name to benefit C/OH Date Payee name Sprint 03/04/2010 Payee address Amount (\$) City; State; Zip Code P.O. Box 8077 \$71.97 London, KY 40747-8753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Internet Wireless internet for laptop OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Sprint 04/07/2010 Amount (\$) Payee address City; State; Zip Code P.O. Box 8077 \$71.97 London, KY 40747-8753 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE OTHER - Internet Wireless internet service for laptop OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Sprint 06/07/2010 Payee address City; State; Zip Code Amount (\$) P.O. Box 8077 \$149.98 London, KY 40747-8753 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** OTHER - Wireless Internet Service campaign laptop May and June monthly charge OF **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Office sought:

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

(512)463-5800

Travel In District

EXPENDITURE CATEGORIES Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Advertising Expense Gifts/Awards/Memorial Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Food/Beverage Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense **Event Expense** The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# DAVIS, RON 12312005 Schedule: 13/15 Report: 32/34 4 Date 5 Payee name Stanley - Garrison & Associates 01/19/2010 City; State; Zip Code Amount (\$) Payee address 812 San Antonio Street, Ste G23 \$200.00 Austin, TX 78701 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Contract labor OF EXPENDITURE 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Stanley - Garrison & Associates 05/12/2010 Payee address City; State; Zip Code Amount (\$) 812 San Antonio Street, Ste G23 \$1,000.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/15/2010 Tejano Democrats Payee address Amount (\$) City; State; Zip Code 2244 Stoutwood \$125.00 Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made By Donation community awearness OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Threadgil's 05/12/2010 Amount (\$) Pavee address City: State: Zip Code 301 West Riverside Dr \$1,437.49 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Fund-raiser location and food OF EXPENDITURE Office sought: Office held:

direct expenditure to benefit C/OH

P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Food/Beverage Expense Polling Expense Travel In District Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) DAVIS, RON 12312005 Schedule: 14/15 Report: 33/34 4 Date 5 Payee name University Democrats 05/06/2010 & Amount (\$) Payee address City; State; Zip Code 100 C West Dean Keeton SOC #145 \$100.00 Austin, TX 78712 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By For community outreach Candidate/Officeholder/Political Committee EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 02/04/2010 University of Texas Project 2010 Pavee address Amount (\$) City; State; Zip Code 1 University State A6300 Austin, TX 78712 \$100.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contributions/Donations Made By Donation for educational opportunities Candidate/Officeholder/Political Committee **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Villager 01/05/2010 Payee address Amount (\$) City; State; Zip Code 1223 A Rosewood Ave. \$1,000.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Ad in newspaper OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Wilhite, Deone 05/17/2010 Amount (\$) Pavee address City; State; Zip Code 7 Kern Ramble \$125.00 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Contract labor OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held:

Texas Ethics Corr	nmission P.O.Box 12070 Austin, Texas 78711-2070 (512)463	3-5800	1-80	00-325-8506
POLITIC	CAL EXPENDITURES	SC	HEDU	LE F
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	EXPENDITURE CATEGORIES ense Gifts/Awards/Memorial Expense Salarles/Wages/Contract Labor Transportation I Legal Services Solicitation/Fundraising Expense Transportation I Polling Expense Travel In District Contributions/ Printing Expense Office Overhead/Rental Expense OTHER (enter a	nl/Reimburs Equipment onations M fliceholder/l a category r	sement & Related ade By Political Co ot listed a	Expense ommittee bove)
1 PAGE# Schedule: 15/15	Report: 34/34 PILER NAME DAVIS, RON		UNT # 2005	(TEC filers)
4 Date 05/10/2010	5 Payee name Yahoo			
6 Amount (\$) \$123.33	7 Payee address City; State; Zip Code 701 First Avenue Sunnyvale, CA 94089			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Web Page (b) Description (If travel outside of Web Hosting Fee and Privilege)		-	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought:	Offi	ce held:	-

Imaged 20001701101

FEC FORM 1	STATEME ORGANIZ (See Instructi	ATION	Cilina une enty
1. NAME OF COMMITTEE (In 1	(Check If name is changed)	Example: If typying, type over the lines	12FE4MS
AMERICAN PE	DERATION OF STATE COUNTY	A MUNICIPAL EMPLOYEES	74924
سسس	1000 L STREET LAND		<u> </u>
ADDRESS (runter and a	1626 L STREET, MA		
(Check If exidence is changed)	манирон		7C 27036 -
		CITY.	STATE ZIP CODE 🛦
COMMITTEES E-MAI	L ADDRESS (Please provide only one a	-mail address)	
(Check If address is changed)	tappprt@qlapme.or	4	
	سيبيب		
COLUMN TERM WITH I	SAOR ADDRESS (I MELL)		
(Check Faddress	PAGE ADDRESS (URL)		
is changed)	1		
2. DATE 1.0	' 07' ' 2008'		
3. FEC IDENTIFICAT	TICH MUNISH	C C00011114	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
		······································	
) curilly that I have exemin Type or Print Name of T	ed this Statement and to the best of my kno resource WILLIAM LLUCY	miedge and bailel it is true, correct and	complete
Signature of Tressurer	Electronically Filed by WILLIAM (LUCY D	62 ' 20 ' Y 20 0 P
NOTE: Submission of tale	a, erroratus, or incomplate information may ANY CHANGE IN INFORMAT	subject the person algring this Statem TION SHOULD BE REPORTED WI	•
Office Use Only		For further infermation open Federal Election Cummission Talt Pres 800-494-9830 Local 203-894-11(0)	

	FE	0 7	orm 1 (Revised 02/2009)	Page 2
5. T	YPEO	Fα	MAMETTEE (Check One)	
C		<u> </u>	committees	
(4	o L		This committee is a principal compaign committee. (Complete the candidate inform	ution below.)
đ	» []	This committee is an authorized committee, and is NOT a principal computer committee transmittee.)	milities. (Complete the candidate
	lame of Landidal			
_	andida arty Aff	_	ort Ciffice House Sanste	President Sinte District
(4	» [This committee supports/apposes only one candidate, and is NOT an authorized co	minilles.
	iamo ci arciidai		<u> </u>	
P	wly Ce		Elever	
(6	, [<u>]</u>	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican, etc.) Party.
P.		_	ion Committee (PAC):	
(•	י ני	Ľ	This committee is a separate segregated fund. (Identify connected organization on its Composition.	
				(X) Labor Organization
			Mambership Organization Trade Association	Cooperative
ď	о Г	~	In addition, this committee is a Labbylet Registrent PAC.	
•	"L	1	This committee supports/appases more than one Federal conditions, and is NOT a se committee. (i.e., nonconnected committee)	sp arate segregated fund or party
			In addition, this committee is a Labbytet/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponeer on line 6.)	
	nt Pun		sing Representatives	
(g		-	This committee collects contributions, pays fundraleing expanses and disburge nut p	manda for han or more relities!
,,	' <u>L</u>	j	committees/organizations, at least one of which is an authorized committee of a federal	i candidate.
(t	, []	This committee collects contributions, page fundraleing expanses and disburses nut p committees/organizations, none of which is an authorized committee of a federal cand	roceads for two or more political idate.
	C	CITI	nitions Participating in Joint Fundralner	
			1.	c
			2 FEC ID number	C
			3. Little FEC ID number	C
			4. FEC ID number	C

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Write or Type Committee No. AMERICAN FEDERA	me ATION OF STATE COUNTY & MUNICIPAL EMPI	LOYEES PEOPLE	
6. Name of Any Commete	d Organization, Affiliated Committee, Joint Pandralein	g Representative, or Leads	rekip PAC Spanear
AMERICAN FEDERA	TION OF STATE COUNTY & MUNICIPAL EMPL	DYEES, AFL-CIO	<u> </u>
ببببب			
Melling Address	1828 L STREET NW		
			411111
	уудрирутры		20398
	сту≜	STATE	ZIP CODE A
Relationships X Connected Organiza	aton Affiliated Committee Joint Fund	name ()	Leadership PAC Sponsor
Full Name CH Mailing Address	AFILES JUNGOIOS 1025 L Street NW		
	Weatington	<u> </u>	20098 _
Title or Position V Directo	CITY &	STATEA phone number 202	ZIP CODE A - 429 - 1007
	me and address (phone number – optional) of the any designated agent (e.g., assistant treasurer).	treneurer of the committe	es; and the
Full Name of Treasurer With	LEAM EUCY		
Melling Address	1625 L Street NW		
	Weathington		20036 -
Title or Poellion V	CITYA	STATEA	ZIP CODE A
Secret	ry/Treaturer Telep	shane number	429 _ 1200

	FEC Form 1 (Review	nd 02/2009)		Page 4
	Full Hame of Designated Agent			
	Walling Address			
	Title or Poeltion ♥	CITY A	STATE	ZIP CODE A
		Total	phone number	
9.	safety deposit boxes or me Name of Bark, Depository		committee deposite funde, ha	ide ecodunte, rente
	Mailing Address	1825 K Street, NW		
		<u> </u>		
		(Weathington	ا اعوا لید	20006 -
		CITY 🛦	STATE	ZP CODE A
	Name of Bank, Depository,			
	8A	NK OF AMERICA		<u> </u>
	Maling Address	730 18th Street, NW		
				لتبيينا
		Westington .	L LPC	20008]-
		CITY 4	STATE	ZIP CODE A

FEC Ports 1 (Revise	d 09/900d)		Page 6
Banks or Other Depositor safety deposit bores or mai	ntains funds.	•	ADDITIONAL
Name of Bank, Depository,	•	,	
المليل	 	<u>. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>	
Melling Address			
			
		با ليا لي	سدا-لس
	CITY 🛦	STATE	ZIP CODE A
			(ADDITIONAL.
Hume of Any Connected		•	ship PAG Spensor
DISTRICT COUNCE.	7-APSCHE PUBLIC EMPLOYEES ORGANIZE	A LOW NOT & LINE ECO.	WII (bestpeople
Melling Addrises	126 Sergley Street	<u> </u>	
	New York		10007
	слу≜	STATE	21 P CODE A
ulutionehips L		[-1	
Connected Organization	X Affiliated Committee Joint Fundraleing	Prepresentative Land	erahip PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Maling Address			
·			
		 -	
Title or Position 💜	CITYA	STATEA	ZIP CODE à
	Tal		
		aphone number	CAODITIONAL 1
Joint Fundraleer Participe	ria.		(ADDITIONAL)
		FEC ID number C	